MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13904

CERTIFICATE OF DEATH

Reg. Dist. No.

13879

	PLACE OF DEATH o. COUNTY Ga	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Garrett					ion)					
	b. CITY OR TOWN (IF RURAL and give new Oakland	outside corporate limi orest town)	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland							
	d. NAME OF HOSPITA OR INSTITUTION 148 Libe		ive street			6. STREET ADDRESS 148 Liberty St. e. IS RESID					FARM?		
3.	NAME OF DECEASED (Type or print) Ru	ıssell	st	Middle Herbert		Brown	it .	4. DATE OF DEATH		lonth ember	20	,	rear 19 60
5.	SEX		7. MARE	RIED NEVER MARRIE	DO	B. DATE OF BIRT	Н		9. AGE (In year lost birthdo)	rs IF UNDE			
	Male	White	WIDOWI	ED DIVORCED		Sept.	13.	1905		Months rs.	Days	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS		ACE (Stole	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
1	nanagemen		,	Gas		Oakl	and.	Mary	land	Marie Control	USA		
13.	FATHER'S NAME		******			14. MOTHER'S							
	Luth	er Brown				E	Cliza	beth	Compto	on			
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, 10	NFORMANT			A	ddress			
L	no				Jo	ohn Bro	wn		Oaklan	nd, M	aryl	land	
CERTIFICATION		he under- DUE TO	DITIONS	Diabeth 88ntal CONTRIBUTING TO DEA						GIVEN IN PA	RT 1(o) I		AUTOPSY RMED? NO
	(IF EITHER, NOTIFY			CRIBE HOW INJURY OF									
MEDICAL	Hour o. m.	Month, Day, Ye	While of wor	Not while	foc	ACE OF INJURY I	Home, form, e bldg., etc.	, i 20f. (City	or town)		(County)		(Stote)
	21. I certify that I attended the deceased from 100 4 , 1953, to 100 70 , 1960, that I last saw the deceased alive on 1960, and that death accurred at 20 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 2571000 1 12 20 10 PHYSICIAN'S PHYSICIAN'S PARTITION OF THE STATES AND MID.												
220	BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, tow	n, or county)		(Stote	e)
	REMOVAL (Specify)	12/22/6	0	Oakland	Cer	netery		Oakl	and	Ma	ryla	and	
23.	FUNERAL DIRECTOR'S	7 - 1	Oak	ADDRESS	rvla	and	24a. REC'E	BY REGISTION 2 8 '60		Cithun S.			

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL

VS A15 (4) 15M 10/57

TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any desire constitutions, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune. Sirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

VS. A15ME 5M 7/59

Division of STATISTICA 13908 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT.

MARY	LAND STATE DI	PARTMENT OF	HEALTH	
LRESEARC	CH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE	1, MARYLAND
DICAL	EXAMINER'S	CERTIFICATE	OF DEATH	13880

1.	PLACE OF DEATH								dacaasad lived, If b. COUN	ITV		-	dmission)
		rrett		MARYLA	ND	West Virginia Preston							
	b. CITY OR TOWN (i	f outside corporete lim give nearest town)	ils,	c. LENGTH OF STAY IN	N 1b	c. CITY OR 1	IOWN	(If outside co	rporate limits, write	RURAL and	give n	eerest tov	vn)
		(rural)				Rural	_	Kingwo	ood,	8	5	X-3	
	d. NAME OF HOSPIT	TAL OR INSTITUTION	(if not in hos	pitel, give street eddress)		d. STREET A	DDRESS						ESIDENCE
		Hormania, I	T.Va.			Rt.	#1						A FARM?
3.	NAME OF DECEASED	First		Middle		Lasi		4. DATE	Month	1	Day	Yee	r
	(Type or print)	Lucy		Hawley		Burke		DEAT	H Dece	mber 3	0	19	60
5.	SEX		7. MARRIE	D NEVER MARRIED	7 8.	DATE OF BIRTH			9. AGE (In years			IF UNDER	24 HRS.
U	Female	Thite	WIDOWE			April 17.	. 18	70	last birthday) 90 yrs.	Months D	eys	Hours	Min.
	. USUAL OCCUPATI	ON (Give kind of wor	k 10b. K	IND OF BUSINESS OR INI						12. CITIZ	EN OF	WHAT	COUNTRY
de		rking life, even If rettre	ed)			Most	Trin	ginia		US	Δ		
13.	Housewife FATHER'S NAME					14. MOTHER'S A				1 00	A		
	Colomor	D Uerrl	OTT		40	Fmms	FO	rtney					
15	WAS DECEASED EVI	P. Haw]	RCES? 16.	SOCIAL SECURITY NO.	17. I	NFORMANT	1.0	I one,	Address				_
(Y	es, no, or unkown) (It	fyesgivawerordetesof:		none	Mar	s. Argyle	Ch.	ilds	Gorma	nia, W	. 77	a.	
-	1 18. CAUSE OF D	EATH [Enlar only one		ine for (e), (b), and (c).)		00				,		RVAL BET	TWEEN
		H WAS CAUSED BY	ACII	te Coronary	Oci	clusion						ET AND	
	420	IMMEDIATE CAUSE (6)	-	00 001 01149		02.002.012					-		
	Conditions if any which Advanced Arterios			ios	clerotic	Car	dio-va	ascular D	isease	TI	nkno	wn	
	Conditions, if eny gave rise to immedi	ela ceuse		411000 111 001		02010020	Octa	020 10		20000	-		
13	(e), stating the un	nderlying DUE TO)								1 - 1		
_	cause lest.	(c)		ITRIBUTING TO DEATH B	LIT NO	T DEL ATED TO TH	E TEDAM	NAL DICEAS	E CONDITION CIV	ENLINI DADT	V-V- 10	W/A6 /	HEOREY
CERTIFICATION	PAKI II. OTHEK	SIGNIFICANT COND	mons <u>cor</u>	TRIBUTING TO DEATH B	01 10	T KEEATED TO TH	E IERMI	NAL DISEAS	E CONDITION GIV	EN IN PARI			RMED2
CERTIFI	20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.)												
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, office bidg., atc.) While Not While at work st work st work st work start st												
1	21. I certify th	at I took charge	of the rem	nains described abov	e, he	ld an Autopsy		Inspectio	n 💢, Inquir	У 🔲.	and i	n my o	pinion
0	death resulted f	rom: Natural c	auses 🔻	Accident .	Suici	de, Hor	nicide	_, U	Indetermined m	anner 🔲			
	TANKS (11/-	-	1.1:	//	CHIEF M	EDICAL	EXAMINER					
	ACTUAL SIGNATURE	Herren	Ste	Jeng hit	02	M.D. ASSISTA	NT MED	DICAL EXAM	INER [DA	ATE SIG	NED
					tin	DEPUTY		L EXAMINER					4-
1	NAME (Type)	Herbert H.	Leigh	ton, M.D.		A didress	नेत्राह्म,	Strant	Landy klan	id, Md.	4	Jan	61
22	REMOVAL (Specify)	N, 22b. DATE THER	EOF	22c. NAME OF CEMETE	RY OR			22d. LOC	ATION (City, Iown	, or country)		(Slei	
	Burial		1961	Rethelm Cen	nete				Kingwood		W.		
23	. EUNERAL DIRECTO	R	Neny	ADDRESS	We	1.0	4e. RE	C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	NATU	RE	
	H. L. Brow			gwood. W. Va			ATEJA	N 1 0 '6	1 0.	Thung & of	4		
-										~~~~	Extracted at		

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funeral director, Z should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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		13914		CERTIFIC	ATE OF DE	ATH		Reg. Dist. No.	1388;
1. PLACE a. COU	OF DEATH	Garrett		MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where deceosed	lived. If institution b. COUNTY	Garret	
	OR TOWN (nits, write	c. LENGTH OF STAY IN 16		N (If outside corpor	ote limits, write RL		
d. NAA OR I	AE OF HOSPI	TAL (If not in hospital,	give street	oddress)	d. STREET ADDR	ESS			ON A FARM? YES NO
3. NAME DECEAS (Type o	SED	Martin	irst	Middle Francis	Carney	4. DATE OF DEATH	Mont 12	h Doy	Yeor 1960
5. SEX Mal		White	WIDOW		8. DATE OF BIRTH 10/27/9	2	(B)	Months Days	Hours Min.
10o. USUA during	track	king life, even if refire	d)	kind of Business or Ind ailroad	USTRY 11. BIRTHPLACE Hutto: 14. MOTHER'S MAI	n. Md.	untry)	USA	F WHAT COUNTR
	Jo	hn A. Ca			Bridg	et Fahe:	rty	a El ale	
15. WAS D	unknown)	R IN U. S. ARMED FO (If yes, give wor or dates of			Miss Mary	Carney	Hutt		
gave	ditions, if on rise to it of (a), stating couse lost.	the under-	b) O	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART I(o) 1	P. WAS AUTOPSY
OR CO	ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	V20H. DES	CRIBE HOW INJURY OCCURR					PERFORMED? YES NO
	ME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yo	While	NJURY OCCURRED 20e. F	PLACE OF INJURY fHome octory, street, office bldg	e, form, 20f. (City g., etc.)	or town)	(County)	(State)
ACTU/ SIGNA	on O	at I attended the		ed from Aprilo 20, and that deat Farmer	h accurred at C	M, fram		,that I last sa nd an the dat stote)	
bur	VAL (Specify)	112/23/	0F 60	22c. NAME OF CEMETERY Oakland Ce	or crematory metery	22d. LOCAT	ION (City, town, a	r county)	(Stote)
23. FUNER	raid,	S SIGNATURE	Oak	ADDRESS land, Maryl		REC'D BY REGISTING TE NEC 2 8 16	0	TRAR'S SIGNATUR	

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moy be reto moy be reto TO FUNERAL DIX 12/01 W12/01 TO HOSPITAL

13915

CEDTIEICATE OF DEATH

13882

	.0010	CERTIFICA	CERTIFICATE OF DEATH				
1. PLACE OF DEATH a. COUNTY	Garrett	MARYLAND 2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland			ed. If institution: Residence befare admission) b. COUNTY Garrett		
RURAL and give r		36 years	c. CITY OR TOWN (IF	autside carporate limits, write RUI	RAL and give nearest tawn)		
OR INSTITUTION	ITAL (If not in hospital, give str. 1, Terra Alta		d. STREET ADDRESS Route Nol. T	erra Alta, W.Va	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type ar print)	Charles	Middle Methias	Elliott	4. DATE Manth OF DEATH December			
s. sex Male	T.76 4 4 0	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jan. 2, 1924	1 1 1 1 1 1 1	F UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min.		
10a. USUAL OCCUPATI during most of wor Farmer	ON (Give kind af wark dane 1 rking life, even if retired)	Ob. KIND OF BUSINESS OR INDU General Farming		ar foreign country) a, West Virgini	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	Forman Elliott		14. MOTHER'S MAIDEN I	Ridenour			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		nformant s. Mary Jane	Elliott, R 1, T	erra Alta, W. V		
Canditians, if gave rise to cause (a), stating lying cause last.	immediate g the <u>under-</u> (c)	Weart to With Steamate	rest dus	efficiency Disease	Surrely in		
CATIC		ns <u>contributing to death</u> but	NOT RELATED TO THE TERM	inal disease condition giver	N IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO		
(IF EITHER, NOTIFY	G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II af item 18.)			
20c. TIME OF INJU Haur a. m. p. m.	w w	d. INJURY OCCURRED hile Nat while wark at wark	ACE OF INJURY (Hame, farr ctary, street, affice bldg., etc	n, 20f. (City ar town)	(County) (State		
21. I certify the alive an	har I attended the dece	9 Optiond that death		******	10/17/60		
PHYSICIAN'S NAME (Type)	Charles E. Smit	th M.D.	Terra Alt	a, West Virgini	a.		
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	Dec. 19, 196	22c. NAME OF CEMETERY O		22d. LOCATION (City, tawn, ar Terra Alta, W			
	R'S SIGNATURE	ADDRESS Terra Alta, Wes License A 8305	24a. REC	D BY REGISTRAR 246. REGIST	RAR'S SIGNATURE		

TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naumay be refused by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB

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Dane-Ports

Lexa Porc

Charles littles willist a December 17, 60.

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Jeneral Frankly Williams Ales, Sent Virginia U. S. A.

Mary And Bidenous

215-14-7792 Midn. Siry santo Milaces, A. L. Berra Alia, H. Ta.

distres.

Safeth Strains of the Terra With, Newt Virginia 12/17/69 Charles L. Sesth M.U. Terra Aira, Lest Virginia,

Lurial . Sec. 19, 1960 - Herry With Demotory Yerts Flat, Seat Virginia.

Person, Mo. P.D. Lichage A 1305

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

13905

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTI	FIC	ATE	OF	DE	AT	H

13883

Month: M	ARRETT							
d. STREET ADDRESS d. DATE OF DEATH DEATH DEATH DEATH P. AGE (In years left und) Month: D. STREET ADDRESS d. STREET AD	d give nearest town)							
GARRETT COUNTY MEMORIAL HOSPITAL 3. NAME OF DECEASED (Type or print) JEROME BLAKE BLAKE BMORY MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOOTH MOOTH MOOTH MOOTH MOOTH MOOTH DIVORCED DIVORCED DIVORCED DIVORCED SEPT. 1.875 P. AGE (In years life UND Mooth Mooth MOOTH MOOTH MOOTH MOOTH MOOTH MOOTH MOOTH 11. BIRTHPLACE (State or foreign country) VIRGINIA 12. CO TRACE 14. MOTHER'S MAIDEN NAME TO REMORY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) DECEMBER 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? ON E DEUCHTER — RUTH EMORY BITTINGE								
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) lost birthdoy) 85 yrs.	e. IS RESIDENCE ON A FARM? YES NO							
Type or print JEROME BLAKE EMORY DEATH DECEMBER	Day Year							
M WIDOWED DIVORCED SEPT 1 1875 10a. USUAL OCCUPATION (Give kind of work done during most of working lifeexen if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 19. USUAL OCCUPATION (Give kind of work done dates) 10a. USUAL OCCUPATION (Give kind of work done done done done done done done done	27 19 60							
M WIDOWED DIVORCED SEPT-1-1875 85 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, exem if retired) 11. BIRTHPLACE (State or foreign country) 12. C VIRGINTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address DEUGHTER - RUTH EMOREM BITTINGE	ER 1 YEAR IF UNDER 24 HRS.							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CEORGE N. EMORY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) (Yes, no, or Unknown) (If yes, give war or dates of service) (Yes, no, or Unknown) (If yes, give war or dates of service) (Yes, no, or Unknown) (If yes, give war or dates of Service) (Yes, no, or Unknown) (If yes, give war or dates of Service) (Yes, no, or Unknown) (If yes, give war or dates of Service) (Yes, no, or Unknown) (Yes, no, or Unknown) (Yes, no, or Unknown) (Yes, no) (Yes, no	s Days Hours Min.							
13. FATHER'S NAME GEORGE N. EMORY 14. MOTHER'S MAIDEN NAME ANNA PRUNELLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. INFORMANT Address (17. INFORMANT)) (18. No., or unknown) (18. yes, give war or dates of service) (18. No.) ONE DEUGHTER - RUTH EMORM BITTINGS	TITIZEN OF WHAT COUNTRY?							
GEORGE N.EMORY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address OF THE PROPERTY O	U.S.A.							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) NONE DEUGHTER - RUTH EMORM BITTINGS								
(Tes. no. or unknown) (If yes, give war or dates of service) NONE DEUGHTER - RUTH EMORN BITTINGS								
BEOORTEN BITTON								
	ER MD.							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) UR EmiA	1 WEEK							
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO DUE TO DUE TO (b) A tell iosclerosis DUE TO	terns							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{NO} \(\sigma \)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work	(County) (Stote)							
21. I certify that (I) (this haspital) attended the deceased from \$\begin{align*} 11/8/	12-27-60 SIGNED							
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county BITTINGER BITTINGER CARR 24. FUNGERAL DIRECTOR'S SIGNATURE ADDRESS 25d. RECIDIBETER 25b. REGISTRAR'S	SIGNATURE (Stote)							
Don Mewman, GRANTSUILLE, MD DATE JAN 3 '61 Chilling	L. Kraus							

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MARYLAND STATE DEPARTMENT OF HEALTH

LTIMORE 1, MARYLAND

	DIVISION OF STATISTICAL RESEARCH AND RECORDS -	DALII
3918	CERTIFICATE OF DEA	ATH

	3916	CERTIFICA	IE OF DEATH		1388	4
a. COUNTY Garret	t	MARYLAND	2. USUAL RESIDENCE (WE Maryland.	nere deceased lived. If institut b. COUNT	rett	on)
RURAL and give no	outside corporate limits, write except town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	cland.	RURAL and give nearest town)	
	AL (If not in haspital, give street	address)	d. STREET ADDRESS Dennett Re			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Daisy	May	Lohr	4. DATE Mo OF DEATH DECOM		ear 960
5. SEX Female	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In years last birthday) 78 yrs	Months Days Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION OF WORLD	ON (Give kind of work done 10b. king life, even if retired)	NIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryland	or foreign country)	U.S.A.	DUNTRY
John G.	Breuninger		Mary Gor			
	R IN U. S. ARMED FORCES? 16.		offerson Lol		Land, Md.	197
	mmediate (ne for (o), (b), and (c).]	stie and	suscula	INTERVAL BET ONSET AND	WEEN DEATH
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) (c) (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	nal disease condition Gi	VEN IN PART 1(a) 19. WAS A PERFOR	RMED?
	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)		
YOUR HOUR OF INJUR	While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(County)	(State
	ot (I) (this hospital) oftends sed olive on 12/20/ Culcular Andrew E. Ma	19.60, and that	M.D. ATTENDING M.PHYS. 22d. ADDRESS	The start of the course of the	37.0e	
23a. BURIAL, CREMATIO REMOVAL (Specify)	DN, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town,		:)

Oakland, Md.

25a. REC'D BY REGISTRAR

DAREC 2 9 '60

2Sb. REGISTRAR'S SIGNATURE

archy S. Krous

VR A1S (4) 1SM 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

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	Paralland Lamba	, 9 c Gard	, Auro Caro	
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on is expense	na of material	7,21	Tables 1	
	Sey 15, 1819 - 90			
	hastria			
			TAMÉMIA .	mio.
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			801\R\91	Many Comment

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

and in any

TE OF DEATH						
	2. USUAL RESIDENCE (Where deceased lived. If o. STATE W. Va. b. C	institution: OUNTY	Residence Gran		odmissio	
ı	c. CITY OR TOWN (If outside corporate limits,	, write RURA	AL and give	neore	st town)	

CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to
RURAL and give nearest town)		maysville.

MARYLAND

d. NAME OF HOSPITAL (If not in haspital, give street address) Nursing Home.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

(If yes, give war or dates of service)

Garrett

13906

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print)	J•h		Middle Willia	m	Lost May.	4. DATE OF DEATH	Man I		5	,	Year 1960.
5. SEX Male.	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED		/12/1870.		9. AGE (In years last birthday) 90 yrs.	Months 1		Hours	Min.
10a. USUAL OCCUPA during most of v	ATION (Give kind af wark varking life, even if retired	dane 10b. KIND (OF BUSINESS OR INDU	JSTRY	Grant Col				S.A.		OUNTRY
12 CATHER'S MAME				1	A MOTHER'S MAIDEN	LNIAME					

1. PLACE OF DEATH o. COUNTY

> Phillip May.

Rachel McDenald.

17. INFORMANT Address

	No.	1 7	Rev. William C. May. Barrackvill	e, W. Va.
	4 50 .0 Conditions, if ony, which	AUSED BY: TE CAUSE (a) DUE TO	line for(a), (b), and (c).] Delin Delen Dur	INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate couse (o), stating the <u>under-</u>	\ DHE TO		
	lying cause lost.	(c)		
ICATION	PART II. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED

(County) (State)

-					1 . 1 1	
	21. I certify that (I) (this haspital)	attended the deceased	fram. 0/21/6	00, 19 , ta 12	JI/60, 19 , H	iat (I) (we) las
	saw the deceased alive an 12	5 60 19 and	d that death accurred	atM, from the	causes and an the date	stated abave
	220 CHCNIATURE / A	1 - 2				22L DATE

22c. PHYSICIAN'S

23b. DATE THEREO

ATTENDING M.D. 22d. ADDRESS

foctory, street, office bldg., etc.)

MED. DIRECTOR

23d. LOCATION (City, town, or county) (Stote)

Maysville W. Va.

12/7/50. 24. FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION,

23c. NAME OF CEMETERY OR CREMATORY Maysville Cemetery.

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

ADDRESS Petersburg, W. Va.

While

Not while of work of work

DAT DEC 2 1 '60

may be ref. 3 by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, crematian, ar remaval, VR A15 (4) 15M 9/59

Turk State 1 State 1 Street . · Landan a special The contract of the contract o Camping . V. . Vine of

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13907

13886

L		rett		MARYLA		2. USUAL RESIDENCE (Who a. STATE Maryland		b. COUNTY	Garre	tt		
	b. CITY OR TOWN (IF RURAL and give ned Oa	outside carporote limi prest town) kland	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF or		ote limits, write R	URAL ond	give ned	arest town)
	d. NAME OF HOSPITA OR INSTITUTION arrett Cou					d. STREET ADDRESS Star Route						IDENCE FARM?
3.	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mon	lh	Do	y ,	Year
	(Type or print)	Wi	nnie	Ethe	1	McRobie	DEATH	Decem	ber	4		1960
5. 5				RIED NEVER MARRIED	_	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months	Days	Hours	R 24 HRS. Min.
_	Female	White	WIDOW			March 23,1900		60 yrs.	112 CIT	IZENI O	FWHATC	OLINITRY
L	Housewife	ng life, even if retired)	. KIND OF BUSINESS OK	INDUS	Maryland		untry)		S.		OUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
	True, Lee					Thomas, Mar	У		_{es} Sta	n B	····	
		IN U. S. ARMED FOR f yes, give war ar dates of s		. SOCIAL SECURITY NO.		FORMANT Husband [#] Will	iam T	, , , , ,				, Md
	PART I. DEAT Conditions, if on gove rise to im	H WAS CAUSED BY: JMMEDIATE CAUSE (c DUF TO	Aur	ine far (o), (b), and (c).] RICULAN 211 RECO, RECO,	~ 0	- sortion	Penfi			ON	ERVAL 8E SET AND	DEATH مرح
7	cause (a), stating t	ne <u>under-</u>	12)	inseles		iell. fus				1	x re	
CERTIFICATION	PART II. OTH	_		CONTRIBUTING TO DEAT	H_BUT	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PAR	RT 1(o) 1	PERFO	RMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES			D. (Enter nature of injury in P						
MEDICAL	20c, TIME OF INJURY Haur a. m. p. m.	Month, Doy, Ye	While		foc	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City	or lawn)	(Caunty)	n.e	(Stote
-	saw the decease 22a. SGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive an	2.	ded the deceased for th	hat d	eath accurred at 9 4	M, fram	STAFF PHYS.			stated	
230	REMOVAL (Specify)	13 7 -	60	23c. NAME OF CEMET	ERY O	CREMATORY CAMERATORY	23d. LOCAT	ION (City, town,	or county)	777	(State	e)
24.	Ruberit	SIGNATURE S	ritt	ADDRESS Tits	rail	11 11	C 1 2 16		STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TION TO STANFORM THE STANFORM A STATE OF THE PARTY OF THE PAR AND CAR STATE OF THE PROPERTY OF THE PARTY O Jan Licon Telephores (1975) RESIDER A SECOND OF THE PARTY O

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13900

13888

l le											
1	o. COUNTY	ett		MARYLAND	g. STATE		ere deceased l	Garre		before admi	ssion)
7	b. CITY OR TOWN RURAL and give	(If autside carporate lim	its, write c.	LENGTH OF STAY IN 16	c. CITY OR	TOWN (If a	utside carporal	e limits, write RU	RAL and give	e nearest tav	vn)
		riendsvil.		50 yrs.	Rural	Fr	iends	rille.			
	OR INSTITUTION				d. STREET A)	ON	A FARM?
	at home,	5 mi S. I	riend		R.D. E			1		153	NO 🗆
1.1	3. NAME OF DECEASED (Type or print)	Steph		Andrew	Rodehes		4. DATE OF DEATH	Decem		Day 14.	Year 19 60
*	s. sex	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	Sept. 1		886	4 . 1 1	-	YEAR IF UNI	_
1	Oa. USUAL OCCUPAT during most of wo Retired	orking life, even if retired	1)	D OF BUSINESS OR INC			or foreign cour	ntry)		N OF WHAT	COUNTRY?
ì	3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
	Jacks	on Rodehea	ver		Sara	h Jan	ne Mar	ngus			
	S. WAS DECEASED E	VER IN U. S. ARMED FOI	RCES? 16. SO	CIAL SECURITY NO. 17	INFORMANT			Addre	35		
	(Yes, no. or unknown)	(If yes, give war or dates of	service)	Ma	ason Rod	lehea	ver F	R.D. Fr	iends	vill	e, Mo
	Canditions, if gave rise to cause (a), statin lying cause las	g the <u>under-</u> DUE TO	Ro	Mully ,	alfere lesso	rei	Suco	CONDITION GIVE	NI INI PADT 1	29/100g/	b AUTOPSY
-	PART II. O	THE SIGNIFICANT COL	ebiliores <u>con</u>	TIKIBOTINO TO BERTIT B	OT NOT KEENIED TO) ITIE TERMII	TAL DISLASE	CONDITION ONE	IN HATCH I	PERF	ORMED?
	OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING AG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCUR	RED. (Enter nature o	of injury in P	Part I or Part I	l af item 1B.)			
	20c. TIME OF INJU Haur a. m p. m	. 10	While at wark	Nat while	PLACE OF INJURY (factory, street, affic			r tawn)	(Cau	unty)	(State)
	saw the dece	nat (I) (this hospita ased alive an <u>Na</u>		the deceased from				Nov. 25 ne causes and		date state	d abave.
	22c, PHYSICIAN'S NAME (Type)	Andrew E.	Mance	, M. D.	M.D. ATTENDIN PHYS. 22d. ADDR	ESS	RECTOR . Mar	staff phys. □ yland•		1500	SIGNED
-	BUNIAL, CREMAT	12/18/1 12/18/1		3c. NAME OF CEMETERY	OR CREMATORY Cemeter:			McHenry			ate)
-	24. FUNERAL DIRECTO	R'S SIGNATURE	u	ADDRESS Oakland	d, Md.		2 0 '60		RAR'S SIGN		

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		.a.c. 08	oldrings to trust
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68 4- 6	imaged and margarishes	MUSTINA S	
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6627			
	County The second		
1500	. insignation in the land		Contras 5/
	William want Linguis.	#18 M 18 M	racing Land Tarena is
			10000000000000000000000000000000000000

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed when the bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 13910

Reg. Dist. No. 13889

	1. PLACE OF DEATH	2. USUAL RESIDENCE	CE (HOME) OF DE	ECEASED	
	COUNTY Garrett MARYLAND	STATE Maryla	nd county	Garrett	
	CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN Kitzmiller 20Yrs.	CITY (II outside corpora OR TOWN K1 t Zmi		nd give nearest town)	
	HOSPITAL OR	STREET ADDRESS	(If rural giv	re location)	
1	INSTITUTION OR STREET ADDRESS Center Street		er Street		
	3. NAME OF (First) (Middle)	(Last)	4. DATE (Mon		(Yeer)
	(Type or Print) Albert Stephen Shaf		DEATH DO	BC. 22,	1960 IIF UNDER 24 HRS.
		2,1904	56 yrs.	Months Deys	Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZE	N OF WHAT
	Oustodian V.F.W. Club	Elk Garden,	W. Va.	U.S.	
N	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME		
	Benjamin Arthur Shaffer	Elsie Myn	rtle Bar	rick	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	M	a.
	(Yes no, or unk.) (14 Yes 2 149 way 95 15 of service) 216-01-4905	Mrs.Elizat	beth Shaf:	fer, Kitz	miller,
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	1		RVAL BETWEEN
	anto a	- Handa		2	0-0-0
	IMMEDIATE CAUSE (A)	1) amount		- RIL	
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)	of Dune		6	Mu .
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
	(C) Herten	-		4	Jrs.
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
0	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			YES	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR		(County)	(Stete)
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work	TIF. HOW DID INJURY OCCUR	?		
	22. I hereby certify that I attended the deceased from.	, 19.58 , 10 De	- 22,1960	2., that I last say	w the deceased
	alive on The 19 Le O, and that death occurred at.	.G.A.R.M. from the ca	auses and on the	date stated abov	e.
WO	SIGNATURE	ADDR	ESS (Street, city, tow	n, stele) 1	DATE SIGNED
A15C 1-55 10M			Md.	Der 2	4-60
C 1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR		LOCATION (City, tow		(Stete)
A15	Burial 12/24/60 I.O.O.F. Co		Elk Garde		
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
	DATE DE 28'60 Orthur 2, Knows	Umy M. S	harbles.	/ Blai	ne, w. ya.
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PLANTIAND STATE DEPARTMENT OF HIGHTS-BATTIMORS, IS

LIBYO CERTIFICATE OF DEATH

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MADVIAND STATE DEDADTMENT OF HEALTH

	DIVISION OF	STATISTICAL RESEARCH A CERTIFICA					13	889	()_
1. PLACE OF DEATH	ett	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland		b. COUNTY	on: Resider	nce befor	re admiss	ion)
b. CITY OR TOWN (I RURAL and give ne Kitzmil	If outside carporote limits, write earest tawn) 1er	10 yrs.	c. CITY OR TOWN (IF Kitzmill		ote limits, write R	URAL and	give nec	arest town	.)
d. NAME OF HOSPIT OR INSTITUTION at home	Willow St.	oddress)	d. STREET ADDRESSWill	ow str	eet				FARM?
3. NAME OF DECEASED (Type or print)	Robert	Middle Harrison S	harpless	4. DATE OF DEATH	Decemi	ber :			Year 19 60
s. sex	6. COLOR OR RACE 7. MARR		B. DAJE OF BIRTH April 30,	1890	P. AGE (In years last birthdoy) 70 yrs.	Months	Days Days	Haurs	R 24 HRS Min.
Laborer,	ON (Give kind of work done 10b. king life. even if retired) Coal mines	kind of Business or Indu nd general	STRY 11. BIRTHPLACE (Stot				S.		OUNTRY
13. FATHER'S NAME Benjamin	A. Sharples:	S	Ellen F.	NAME		20			
	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	social security No. 17. IP	s. Robert	Sharpl	ess F	ess Citzr	nil	ler,	Md.
PART I. DEA Conditions, if or gave rise to it	ny, which mmediate DUE TO	refer (a), (b), and (c). your cards of the second of the	heart Dese	are	e fai	lups		PAL BE	
couse (o), stating lying cause lost. PART II. OTH	the under- (c) (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a) 1	PERFO	RMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II af item 18.)			YES [№ □
20c. TIME OF INJUR' Hour o. m. p. m.	While	fa.	ACE OF INJURY (Home, far ctory, street, affice bldg., et		or tawn)	(1	County)	919	(Stote)

21. I certify that (I) (this haspital) attended the deceased fram. 8/8

22d. ADDRESS

1960, that (1) (we) last

saw the deceased alive an 12 22o. SIGNATURE

ATTENDING M.D.

MED.
DIRECTOR

12/19/60

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION,

Andrew E. Mance, M. D.

23c. NAME OF CEMETERY OR CREMATORY

Oakland, Md.

(State)

23b. DATE THEREOF 12/21/1960

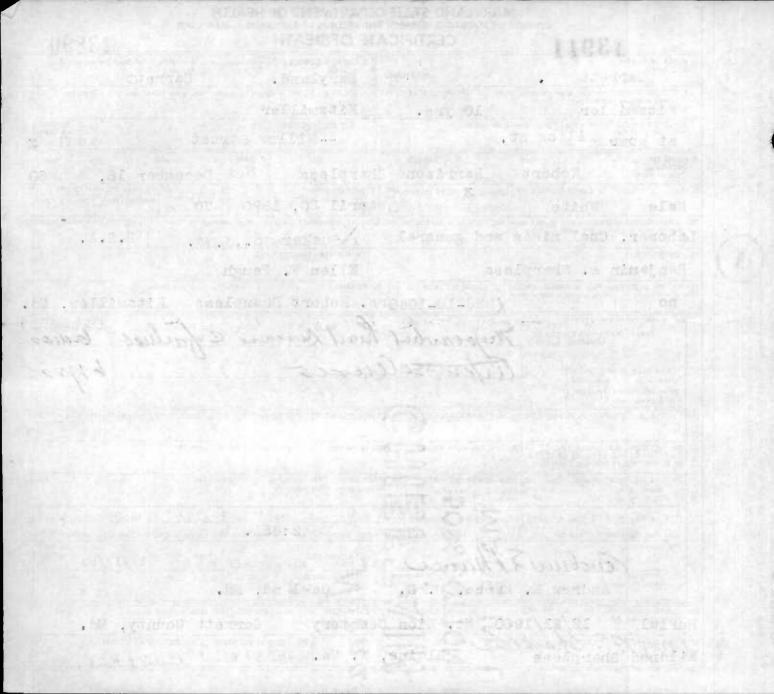
Mt. Zion Cemetery Garrett County, Md.

23d. LOCATION (City, tawn, or caunty)

25a. REC'D BY REGISTRAR Blaine, W. Va. DATE DEC 27'60

25b. REGISTRAR'S SIGNATURE arthur & House

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

HEALTH DEPT.

and 3 to the fund thould be executed within 24 hours after death in pencil in Item 18. Give Pages 1, 2, and 3 to Septice along with form PM3. Page 5 may be a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with

VS. A15ME

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		H Care	gram Area	
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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							-	1006	
1. PLACE OF DEATH o. COUNTY Garrett		MARYLA		residence (Who	ere deceased li	ved. If institutio b. COUNTY	n: Residence be	fore odmissi	ion)
b. CITY OR TOWN (If outside RURAL ond give nearest to Rural Deer	corporote limits, write Park,	e c. LENGTH OF STAY IN 91 years	N	ral De	utside corporot er Par		RAL ond give n	earest town)
6 RMI South Deer Park, Md.				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES A NO	
3. NAME OF DECEASED (Type or print)	Jennie -	Ma y	Shill	last ingburg	4. DATE OF DEATH	Decemb		-,	Year 19 60
	9 1 -	ARRIED NEVER MARRIED	A 1.			AGE (In years last birthdoy) 91 yrs.	Months Doys		R 24 HRS. Min.
10o. USUAL OCCUPATION (Give during most of working life, House Work	kind of work done leven if retired)	Ob. KIND OF BUSINESS OR I		RTHPLACE (Stote of		itry)	U.S.A		OUNTRY?
B. FATHER'S NAME John George Riley				14. MOTHER'S MAIDEN NAME Ellen Biggs					
15. WAS DECEASED EVER IN U.		16. SOCIAL SECURITY NO.	17. INFORMANT	ron pre	80	Addre	166		
	e war or dates of service)			oyd Ste	yer,R.			, Md	. •
Conditions, if any, whi gove rise to immedia couse (o), stating the <u>under</u> lying couse lost.	DUE TO	NS CONTRIBUTING TO DEATH	BUT NOT RELAT	TED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART 1(0)	PERFO	AUTOPSY RMED?
PART II. OTHER SIGN 20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter no	ture of injury in P	Port I or Port II	of item 18.)			
20c. TIME OF INJURY Mont Hour o. m. p. m.	Wh	d. INJURY OCCURRED 20 nile Not while work 0 of work		IURY (Home, form, office bldg., etc.		town)	(Count	r)	(Stote)
21. I certify that (I) (t) saw the deceosed oli 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) And	news ,	19 60 and the Mance, M. D.	M.D. ATTE PHYS	NDING ME	ED. RECTOR [STAFF 1	19.60 d an the do $2/6/60$	te stated	above. DATE SIGNED
23a. BURIAL, CREMATION, 23b.	DATE THEREOF 2/7/1960	23c. NAME OF CEMETE White Chu	ry or cremator Col				unty,	Md •	e)
24. FUNERAD DIRECTOR'S SIGNA	Flon	ADDRESS Oakl	and, Mo		by registra 9 '60		TRAR'S SIGNAT		

Jane 1 Chicago Santia Cantilla and and 19. Brist Boats need from March 12: 8 d godin cod en gentlekking to 100 00 1200 Town - 200 . baskwall | smoll ward | Sect Sepon mark Blanch The Start Charles of E. C. Does Carle Mr. Length rate (In with the last of the country of the . DE . TOTO DE SELECTION DE L'ANDE SE L'ANDE SELECTION DE L'ANDE SE L'ANDE S . blo braids0